U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E ORD	
1. File Number U -	2. Fiscal Year Covered From:
11820	7/7/04 Through: 2/3/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Harold L. McLaughlin	Name Teoms ters Local 41
,	Labor Organization File Number 036749
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 17420 Platishing Rd	Street 4501 Emanuel Cleaner Dlud
city Holl	City Konsas City
State	State Mu. ZIP Code + 4 64/30
5. Position in labor organization. Wice President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Likeld J. McLangh	On 8-14-05 816-628-2878  Date Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	transcart :	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name [		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
	12.b. Amount	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name American Income Life Insurance	de Accidental leath Benefit	
Trade Name, if any:	2,000 Accidental Jeath Benefit Available To Everyone.	
P.O. Box, Bldg., Room No., if any	Aveilable 10 Euryone.	
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.	

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business clively seeking to represent, or
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	. b. Trust
Street	c. Employer
City	in the state of th
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	The second of th
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ; ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
. Received from any employer (other than an employer covered under reform any labor relations consultant to an employer any payment of money o	parts A and B above)
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Mork & Burkhead ATT, cit how rade Name, if any:	\$ 100 gift Card at Christmans
P.O. Box, Bldg., Room No., if any	
ireel 6700 Squibb Rd iry overland Pork	
tate KS. ZIP Code + 4 66202	
	14.b. Amount of payment.